

State of Alaska LOST-STOLEN-DAMAGED PROPERTY REVIEW

No.47244

(See State Property Manual for Instructions)

1. Department	2. Division		3. Section	4. Date
5. Property Location	6. Check One		Marable Destroyed	7. Police Notified 7. Police Notified 7. Police Notified 8. Wash report 10 No. explain in 13
8. Serial No. 9. Description			A SHELL IN SHELL THE	10. Class Code
11. Tag No.				12. Value
13. Circumstances (Include Names of Witnes	ises):	5		1 5
Signature of Custodian	Printed Nam			Date
a-B	I IMILOG LIADE	Λ		2417
COMPLETE 14			ACTION TAKE	N
14. I certify that, to the best of my knowledg	ge, the above is t			
Negligence apparent: G Yes	s □No		ary action been taken?	
Explain precautions taken to safeguard State property.				•
-L	proporty.			
Signature of Immediate Supervisor	Printed Nam	IVI		Date
15. I 🗆 concur 🗆 do not concur with the	above findings :			
RECOMMENDATIONS:				
Signature of Division Director	Printed Nan	l リ		Date
	1		EW.	
16. The above findings			glicies.	
RECOMMENDATIONS:		_		
Item O will O will not remain in				15.
Signature of Department Property Officer	Printed Name			Date
17. I Concur C do not concur with the above findings RECOMMENDATIONS:			be taken as recommen	dæd. ≃
ALCOMMENDA HORO.				
Simple of Complete and Duty	100	E		I Post
Signature of Commissioner or Designee	Printed Nan			Date
18. 1 Concur C do not concur with the RECOMMENDATIONS:		be dropped from inve	entory.	
ALCOMITEMINISTICATO,		·		
O'	In the same		<u> </u>	les
Signature of State Property Manager	Printed Nam	1 6 .		Date

		1. CREW NAME OR NO.	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
PROPERTY LOSS OR DAMAG	E REPORT		The system Time Reports
	L NEFORT	3. ISSUED TO (Name and Address)	
Fire Suppression			
4. ISSUING OFFICE OR CAMP NAME			
4. ISSUING OFFICE ON CAMP NAME			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X"	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (In	soluda Proportu No. if an	Regular Gov't. Casual Firefighter	
6. DESCRIPTION OF PROPERTY EOST ON DAMAGED (IN	iciuae Property No., ij app	oticable)	QUANTITY
a.			
b.			
Employee report on circumstances of loss or damage to proceed to the contract of the cont	property listed:		
•	-		
			•
			*
10. SIGNATURE			11. DATE
12. Witness report:			
12. Witness report:			
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13. SIGNATURE			14. DATE
15. Fire Boss or Property Control Officer comments regarding	o loss or damage:		
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			•
16. SIGNATURE		17. TITLE	18. DATE
NSN 7540-01-124-7634		l	OPTIONAL FORM 289 (9-81